

Please Send To The Recorders Office:
215 4th Ave S.E.
Le Mars, IA 51031

To Request a Search for an Iowa Birth, Death or Marriage Record for the Purpose of Obtaining a Certified Copy

In Iowa, official registration of births, deaths, and marriages began July 1, 1880. Original records that were registered are on file with the Iowa Department of Public Health, Bureau of Health Statistics. Statewide record searches are available from the state registrar. Local vital records registrars are located in county recorders' offices, where records of births and deaths that have occurred in that county are maintained. County registrars may only issue copies of birth and death events that occurred in their county. Marriage records are maintained in the county where the license to marry was obtained. ***County registrars are not authorized by law to have records of single-parent births prior to July 1, 1995; adoptions; delayed registrations; legal changes of name; fetal deaths (stillborns); any record ordered sealed by a court of law; or birth, death, and marriages between the years 1921 to 1941.*** Pursuant to Iowa law, information about a specific record is not available over the telephone or by prepared lists. Iowa law provides for public viewing in the county where the record is maintained, or certified copies issued to entitled persons.

Applications to search for a vital record event for the purpose of obtaining a certified copy must be in writing, completely identify the record, and establish entitlement to the record being requested. Entitled persons include the person named on the record or that person's spouse, children, legal parents, grandparents, grandchildren, siblings, or legal representative or guardian. Legal guardians and representatives must also provide additional proof of guardianship or representation. Applicants must be 18 or older. Requests must include the applicant's current government-issued photo identification (e.g., driver's license), except if by mail, a clear photocopy of the I.D., and the applicant's signature signed in front of a notary public or in the presence of an Iowa Registrar of Vital Records.

FEES: As of Jan. 1, 2014, a non-refundable \$20 fee is required to search for a record and includes one certified copy if the record is located. Each additional copy of the same record is \$20. Fees are payable in U.S. funds by check or money order to the issuing registrar's office. Checks must be written from the applicants' account; money orders must be in the name of the applicant. Fees must be paid at the time of the application (Iowa Constitution, Article VII, Section 1).

STATE CERTIFIED COPIES.

Certified copies of birth, death or marriage certificates may be obtained from the state Bureau of Health Statistics by telephone, in-person, or through a postal service. Fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. In-person requests may also be paid in cash. ***Genealogy requests may take up to 60 business days for processing, regardless of the method of application, and will be mailed to applicants.***

Telephone: Customers may call toll-free to 1-866-809-0290 from 6:00 am CST through 7:00 pm CST, Monday through Friday, except for holidays. A fee of \$20 is charged for the record search and includes one copy if a record is on file in the state office. Each additional copy of the same record is \$20. A VitalChek operator will take the caller's information, screen the credit card, authenticate the caller's identity and complete the order. The fee to screen the credit card and authenticate the caller is an additional \$13.00. Group orders consisting of more than one event type (i.e. birth, death or marriage) within one transaction will be charged an additional \$3.00 fee. Turnaround time may be about two (2) weeks, depending on volume and mail service. ***Genealogy requests are not available by telephone request.***

In-person: Applications may be made in-person at the state Bureau of Health Statistics 7:00 a.m. to 4:45 p.m., Monday through Friday, except for state-observed holidays, at the address below, just inside the north lobby entrance and to the right. The Lucas building is the first building east of the state Capitol. Applicants must provide current government-issued photo identification and sign their request in the presence of registrar staff. Certificates are "generally" ready for pick up the next business day after 2:00 PM or mailed to an entitled person. Mail time may take 5 to 7 additional days.

Postal service: Written requests and fees are mailed to the address below. Requests must state the relationship to the person named on the record and the purpose for the copy. Turnaround time may be 4 to 6 weeks, depending on seasonal demands and mail service. **The request must be signed in front of a notary public and include a clear photocopy of the applicant's current government-issued photo identification.**

Iowa Department of Public Health, Bureau of Health Statistics
Lucas State Office Building, 1st Fir., 321 E. 12th St., Des Moines, Iowa 50319-0075

SEE OTHER SIDE FOR AN APPLICATION FORM.
FORM MAY BE USED FOR EITHER A COUNTY-CERTIFIED OR A STATE-CERTIFIED COPY OF AN IOWA VITAL RECORD

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APPLICATION FOR A SEARCH FOR AN IOWA VITAL RECORD

REQUESTS REQUIRE THE APPLICANT'S CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION AND SIGNATURE SIGNED IN FRONT OF A NOTARY PUBLIC OR IN THE PRESENCE OF AN IOWA REGISTRAR OF VITAL RECORDS.

- This application is for a **SEARCH** for an **Iowa** birth, death or marriage record. Fees are due upon application.
- If requesting a certified copy of a birth record, complete all items except 2(A).
- If requesting a certified copy of a death record, complete all items except 2(A) and 7.
- If requesting a certified copy of a marriage record, complete all items, including 2(A).
- If requesting by mail, the I.D. must be a clear photocopy and the signature notarized.

1. **EVENT TYPE** (Check one) BIRTH DEATH MARRIAGE FETAL DEATH BIRTH RESULTING IN STILLBIRTH

2. **PERSON'S NAME AS IT APPEARS ON THE RECORD** _____
FIRST MIDDLE, if any LAST (Surname)

2a. If for Marriage record, SPOUSE'S NAME _____
FIRST MIDDLE, if any LAST (Surname)

3. **DATE OF EVENT** (Birth, Death, or Marriage) – BE SPECIFIC – Month, Day, Year _____

4. **PLACE OF EVENT** (City and/or County) _____

5. **PARENT'S FULL NAME PRIOR TO ANY MARRIAGE** – First, Middle, Last (Surname) _____

6. **2ND PARENT'S FULL NAME** – First, Middle, Last (Surname) _____

7. (Birth Only) **WAS THE MOTHER MARRIED AT THE TIME OF CONCEPTION OR BIRTH?** Yes No Unknown

8. **LEGAL ACTIONS TO BIRTH RECORD** None Adoption Paternity Establishment Legal Change of Name

8a. **IF A LEGAL ACTION OCCURRED, LIST PREVIOUS NAME** (on birth certificate) _____
Marriage does NOT change the birth certificate.

9. **PURPOSE FOR COPY** _____ 10. **BIRTHDATE of APPLICANT** _____

11. **RELATIONSHIP OF PERSON RECEIVING THIS COPY TO PERSON NAMED ON THE RECORD** _____

12. **NAME AND ADDRESS OF PERSON TO RECEIVE THIS COPY:** (MUST BE AGE 18 OR OLDER & ENTITLED TO THE RECORD)

12a. **Name of Applicant/Recipient** _____

12b. **Street address and P.O. Box (if any)** _____

12c. **City, State and Zip Code** _____

13. **THE SEARCH RESULT IS TO BE** (Check one) Mailed Picked up (for in-person requests only)

14. **THE NON-REFUNDABLE FEE TO SEARCH IS \$20.00** and one certified copy is issued if the record is located. Each additional copy of the same record is \$20.00. Indicate the number of copies of this record you need. _____

15. **THIS SEARCH PAID BY** (Check one) Check Money Order Cash (In-person only) 16. **AMOUNT ENCLOSED** _____
Checks must be written from the applicant's account; money orders must be in the name of the applicant. Fee payment must accompany this form.

17. **APPLICANT'S NAME** (Print clearly) _____ 18. **DAYTIME PHONE #** _____
(Include area code)

I certify that the information provided on this application is accurate and complete to the best of my knowledge and that I have legal entitlement to a certified copy of this record. I have signed below in front of a notary public or an Iowa registrar of vital records.

19. **APPLICANT'S SIGNATURE** _____ 20. **DATE** _____

<p>APPLICANT'S NAME AS APPEARS ON PHOTO I.D. (Print clearly) _____ (SEAL)</p> <p>State of _____ County of _____ ss</p> <p>Signed and affirmed in my presence on this _____ day of _____, _____.</p> <p>_____, My commission expires: _____</p> <p>Notary Public Signature</p>	<p>Administrative Use Only</p> <p>I.D. _____</p> <p>Initials _____</p>
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SEE OTHER SIDE FOR INSTRUCTIONS

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Genealogy/Family History Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event for genealogy and family history purposes.

This completed and notarized Proof of Entitlement must accompany each request for a copy of an Iowa vital event for the purposes of genealogy and/or family history. Proof of a direct blood lineage may also be required.

Type of Event:

Date of Event:

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Name of person applying for a copy of the record on file:

Name of person named on the record (i.e., registrant):

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Relationship to person named on the record: *(Circle One)*

Child	Parent	Niece	Aunt
Grand Child	Grand Parent	Nephew	Uncle
Great Grand Child	Great Grand Parent	Grand Niece	Grand Aunt
Great Great Grand Child	Great Great Grand Parent	Grand Nephew	Grand Uncle
Step-Child	Step-Parent	Great Grand Niece	Great Grand Aunt
Brother	Step-Brother	Great Grand Nephew	Great Grand Uncle
Sister	Step-Sister	First Cousin	Third Cousin
Half-Brother	Half-Sister	Second Cousin	

Other relationship not listed above:

Purpose for the copy:

Related through marriage?

		<i>(Circle One)</i> Yes No
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Comments: _____

CERTIFICATION ACKNOWLEDGEMENT:

*I affirm that I am of direct blood lineage to the person named on the vital event record that I am requesting.
I have signed the attached application in front of a Notary Public.*

SIGNATURE _____

DATE SIGNED _____

Include a photocopy of your identification with your application.

Attorney Proof of Entitlement

Addendum to application for certified copy of an Iowa vital event by an attorney on behalf of a client.

This completed and notarized Proof of Entitlement must accompany each request for a certified copy of an Iowa vital event by applicants alleging to be the registrant's or the registrant's immediate family's attorney at law.

Type of Event:	Date of Event:
<input type="text"/>	<input type="text"/>

Name of person granting representation rights (client):	Name of person named on the record (registrant):
<input type="text"/>	<input type="text"/>

Name of attorney legally representing the registrant and/or the registrant's immediate family:
<input type="text"/>

Purpose of representation:	Date representation began:	Client agreement signed:
<input type="text"/>	<input type="text"/>	(Circle One) Yes No

CLIENT'S CERTIFICATION ACKNOWLEDGEMENT:

I affirm that I have given the attorney named above entitlement to obtain a certified copy of an Iowa vital event that I need to determine or protect my personal or property interest. I have signed below in front of a Notary Public.

SIGNATURE _____

DATE SIGNED _____

State of _____ County of _____ ss _____ Name as appears on identification Signed and affirmed in my presence on this ____ day of _____, _____. _____ Notary Public Signature, My commission expires: _____	(SEAL)	Documentation used for Notarization (indicate below)
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ATTORNEY'S CERTIFICATION ACKNOWLEDGEMENT:

I affirm that I represent the client named above for legal purposes and the certified copy is needed to determine or protect the client's personal or property interest. I have signed below in front of a Notary Public.

SIGNATURE _____

DATE SIGNED _____

State of _____ County of _____ ss _____ Name as appears on identification Signed and affirmed in my presence on this ____ day of _____, _____. _____ Notary Public Signature, My commission expires: _____	(SEAL)	Documentation used for Notarization (indicate below)
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Include a photocopy of the attorney's identification that was used for notarization.